

City Of Reading
Property Maintenance Division
815 Washington Street, Room 1-30
Reading, PA 19601
610-655-6283

Tenant Listing

Property Address

(Please include Unit Numbers and Building Name, if applicable)

ALL INFORMATION MUST BE COMPLETED

OWNER(S) INFORMATION

Owner's Name as it appears on the deed (If more than one owner please complete separate sheet listing information for all owners):

Owner: _____

Address of Owner: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ DL # _____ DL Issuing State _____

Phone Number: _____ Cell Phone: _____

Fax Number: _____ E-mail Address: _____

MANAGEMENT OR RESPONSIBLE AGENT INFORMATION

Management / Company Name: _____

Agent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____

Fax Number: _____

E-mail Address: _____

OWNER-OCCUPIED

Are any of the units owner-occupied? Yes _____ No _____

Are any of the units occupied by an owner's spouse, son, daughter, mother, father, sister or brother? Yes _____ No _____

If yes, number of units so occupied: _____

Units occupied by owner or owner's family as stated above must be indicated on the Tenant Listing. In addition, a copy of the family member's State-issued ID reflecting that address is required along with the Supporting Documentation.

TENANT LISTING OF RENTAL DWELLING UNITS

All Current Tenant (s) Last Name, First Name, Initial	Relationship to Lessee	Date of Entry	Term of Lease	18 Years of Age or Older? (Y/N)

If there are more tenants than there is room in the table above, attach a separate paper with additional information in the same format.

I hereby verify that the information provided on the within application is true and correct to the best of my knowledge, information and belief.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.

I hereby swear and affirm to abide by and adhere to the Codified Ordinances of the City of Reading and any and all applicable Federal or State laws, statutes or regulations. **Signature Required.**

Signature of Property Owner

Date Submitted

Print Name

If Owner Corporation or Partnership, please indicate
office or title held by person completing Application